



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/16/16

REPORT #: RPT-10

ACCT ID: NOT AVAILABLE

NPI: 1720288210

SUBMITTER ID: 222996130

CUSTOMER ID/SUB: 204831910

SUBMITTER NAME: FRANK GAINNANTONIO &

CUSTOMER NAME: CARE WE LOVE

DISCLAIMER

THIS REPORT IS GENERATED BY THE PAYERS AND NOT BY EMDEON BUSINESS SERVICES
DIVISION. NOT ALL THE EMDEON PAYERS PARTICIPATE IN THIS CLAIM STATUS REPORT
PROGRAM AND THE AMOUNT OF INFORMATION RECEIVED VARIES FROM PAYER TO PAYER.

CLAIM STATUS

STATUS: 20 ACK/ACCEPT - ACCEPTED FOR PROCESSING.

PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	875625804	PAYER ID:	27514
PATIENT:	PATEL K	PAYER PHONE:	
PAT CTRL #:	PATELKAM	PAYER REF:	135056354800
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	620.00	PAYER STATUS DATE/TIME:	081516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	081516
EMDEON REF:	EPL6TY202NS4L69	EMDEON CLAIM ID:	EP081016706066319
SUBM CLMID:		DOS:	080116-080116
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	135056354900
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	465.00	PAYER STATUS DATE/TIME:	081516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	081516
EMDEON REF:	EPL6TY202NS4L69	EMDEON CLAIM ID:	EP081016706066320
SUBM CLMID:		DOS:	072516-072516
REFERRED DATA:			



EMDEON BUSINESS SERVICES DIVISION
MEDICAL CLAIMS DISTRIBUTION SYSTEM

PROVIDER CLAIM STATUS REPORT

REPORT DATE: 08/16/16

STATUS: 3 ACK/ACCEPT - CLAIM HAS BEEN ADJUDICATED AND IS AWAITING PAYMENT
CYCLE.

PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	875666582	PAYER ID:	27514
PATIENT:	CASTILLO C	PAYER PHONE:	
PAT CTRL #:	CASTI	PAYER REF:	135056354700
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	310.00	PAYER STATUS DATE/TIME:	081516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	081516
EMDEON REF:	EPL6TY202NS4L69	EMDEON CLAIM ID:	EP081016706066318
SUBM CLMID:		DOS:	080116-080116
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	135056355000
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	108.50	PAYER STATUS DATE/TIME:	081516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	081516
EMDEON REF:	EPL6TY202NS4L69	EMDEON CLAIM ID:	EP081016706066321
SUBM CLMID:		DOS:	073116-073116
REFERRED DATA:			

PROVIDER ID:	204831910	PAYER NAME:	AMERICAID CC FTWORTH
PAYER GRP #:		PARTIAL CLAIM?:	1
INSURED ID:	715709066	PAYER ID:	27514
PATIENT:	SMITH B	PAYER PHONE:	
PAT CTRL #:	SMITH	PAYER REF:	135056355100
PATIENT DOB:		PAYER REPORT TYPE:	277
TOTAL CHARGE:	418.50	PAYER STATUS DATE/TIME:	081516/00:00:00
AMOUNT PAID:	0.00	EMDEON PROCESS DATE:	081516
EMDEON REF:	EPL6TY202NS4L69	EMDEON CLAIM ID:	EP081016706066322
SUBM CLMID:		DOS:	080116-080116
REFERRED DATA:			
